

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, E)ebra Vanderbeek, Per	iklis Karoutas, Leann Mocci	<u>a</u>
II. Name of lobbyist's partnership, firn	or corporation, if any:	:	
Legislative Solutions, L			
(Name of partnership, firm	or corporation)		
P.O. Box 10724	Bedford	NH	03110
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
) 603-986-9145 ()	e-mail dbeek@aol.	com
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which			file a separate report i
☐ All reportable transactions occurring i	in the months prior to the	reporting date relative to the f	following client:
The Alliance for	r Solar Choice		
	nt as it appears on the Lobby	yist Registration Form)	
			4. 44 4 4 4 4
 All reportable transactions by the lobb inrelated to any particular client. 	yist (including the lobbyi	ist's family), or the lobbying fi	rm listed below which a
V. Date of Report April 26, 2017 Reports cover: activity from date of regis		July 26, 2017 🔀 activity from 4/1/17 to 6/30/17	
October 25, 2017 activity from 7/1/17 t		January 31, 2018 [] activity from 10/1/17 to 12/31/17	,
V. There have been no fees received f this box is checked, complete just this for Concord, NH 03301.	_		_
VI. Check if additional reports are atta	ched:		
If you have received fees or made exp	penditures, you must file	Addendum A- Fees and Expe	enses
☐ If you have paid an honorarium or rei Expense Reimbursement	mbursed expenses, you n	must file Addendum B – Repor	rt of Honorariums or
lf you, your firm, or your family has	made political contribution	ons, you must file Addendum	C-Political Contribution
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledge	C and RSA 664 and here	by swear or affirm that the for	egoing information is tr
(Signature of lobbyist)	and benefit	7/10/17 (Date)	RECEIV
Robert Clegg			
(Print Name of lobbyist)			JUL 31 20

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client The Alliance for Solar Choice	Date July 10, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9000.00 .
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 9000.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>18,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a per than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 9000.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 9000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>9000.00</u>
f) Total of all expenses year to date	f) \$ 18,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
***************************************	·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information .
(Signature of lobbyist) Robert Clegg	July 10, 2017 (Date)
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Name of Lobbying partnership, firm, o	r corporation: Legislative	Solutions
Name of Client (leave blank if Stateme	•	r corporation and not related to any
Date of Report (check one):		
April 26, 2017	October 25, 2017	January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted v submitted):		
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I handhu ayyaan an affirma that tha famaa		ent and each Addendum is true and
complete to the best of my knowledge	and belief.	
		10, 2017

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affir	mation by Lobby	yist
Stateme	ent of Income ar	d Expenses for:	

Name of Lobbying partners	ship firm or corne	oration: Legislative So	olutions
	k if Statement is fo		corporation and not related to an
Date of Report (check one)):		
April 26, 2017 □ Ju	ıly 26, 2017 灯	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or afterm the complete to the best of my		lief.	nt and each Addendum is true and
(Signature of lobbyist)	/		(Date)
Periklis Karoutas			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	affirmation by Lobby ne and Expenses for:	-		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions	
•	blank if Statement is fo	•	corporation and not related	to any
Date of Report (check	(one):			
April 26, 2017 □	July 26, 2017	October 25, 2017 □	January 31, 2018 □	
•	lums submitted with th		nd Expenses described aboumber of Addendum forms	
Addendum B(s).			
Addendum C(s).			
•	f my knowledge and be	lief.	nt and each Addendum is to	ue and
Leann Moccia				